

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
PERSONAL EMERGENCY RESPONSE (PERS) SERVICES

A. Objectives

The objective of Personal Emergency Response Service (PERS) is to provide Medicaid Home and Community-Based waiver participants with 24-hour monitoring and live phone contact in case of emergency or urgent concern. The service must provide the ability to initiate alerts for safety and emergencies both automatically and manually 24 hours per day.

B. Conditions of Participation

1. Provider must have a unit that meets the following:
 - A. FCC Part 68
 - B. UL (Underwriters Laboratories) and/or ETL (Equipment Testing Laboratories) approved as a “health care signaling product.
 - C. The product has to be registered with the FDA as a medical device under the classification “powered environments control signaling product.
2. The unit must have three components:
 - A. A small radio transmitter (a help button carried or worn by the user)
 - B. A console when emergency help is needed (medical, fire, or police)
 - C. Emergency Response Center to determine the nature of the calls
3. Providers must utilize the automated systems mandated by CLTC to document and bill for the provision of services
4. Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral
5. The provider must verify the participant’s Medicaid eligibility when it accepts a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.
6. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.
7. Provider must have qualified technicians for the installation of the PERS units.
8. Provider must have at least one (1) year of experience or otherwise demonstrated competency in the provision of the PERS service.

C. Description of Services to Be Provided

When emergency help is needed, the PERS user presses the transmitter help button. It sends a radio signal to the console. The console automatically dials one or more pre-selected emergency telephone numbers. The system should be able to dial even if the phone is off the hook or in use. The PERS unit should be programmed to telephone the response center where the caller is identified. The center will determine the nature of the emergency and contact the appropriate person. The contact will include calling a primary and back up number in emergency cases. The Provider shall report through phoenix all contacts made to the participant indicating the nature of the contact within two (2) working days.

Reimbursement for the PERS service includes a one time installation and monthly monitoring. These reimbursements are inclusive of all equipment installation, and training on its use and care while the equipment is in the participant's home. These reimbursements also include all, visits or calls made to the home to follow up with participants and/or caregivers, phone calls made that are necessary while the participant is receiving the PERS service and equipment removal when the service is no longer authorized for the participant.

The Provider shall provide the PERS service seven (7) days per week for all authorized time periods.

D. Staffing

1. Response Center staff must be able to monitor the PERS unit 24 hours a day, 7 days a week.
2. Response center staff must be trained to perform duties related to monitoring the PERS unit.
3. Response Center staff must be able to test the PERS unit in the home monthly.
4. Technicians that install equipment must meet the following requirements:
 - a. Qualified as a technician to install PERS equipment.
 - b. Capable of evaluating whether or not the equipment is functioning properly.
 - c. Able to assume responsibility for training participants and/or caregivers in the use of PERS equipment.
 - d. Able to use the Care Call IVR system.

5. A criminal background check is required for all potential employees including technicians, call center staff and administrative/office employees (office employees required to have background checks include: administrator, office manager, supervisor, and persons named on organizational chart in management positions). All criminal background checks must include all data for the individual with no limit on the timeframe being searched. Criminal background checks that cover a specific time period such as seven or ten year searches are not acceptable. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC participants or work in an administrative/office position.

Potential employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the Provider's discretion.

Hiring of employees with misdemeanor convictions shall be at the Provider's discretion.

6. Personnel folders: Individual records shall be maintained to document that each member of the staff has met the above requirements.

A. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

The Provider must obtain the authorization from the case manager/service coordinator (cm/sc) prior to the provision of services. The authorization will designate the amount, frequency and duration of service for participants in accordance with the participant's CLTC/SCDDSN Authorization which will have been developed in consultation with the participant and others involved in the participant's care.

Participants and/or caregivers shall choose among qualified providers of the PERS service, once a provider has been chosen by the participant and/or caregiver, the PERS provider shall receive a referral that will have information on the condition of the participant. PERS providers must accept or decline referrals from CLTC within two (2) working days. Failure to respond shall result in the loss of the referral.

The Provider shall initiate PERS services on the date negotiated with the cm/sc and indicated on the Medicaid Home and Community-Based waiver service authorization. The cm/sc must be notified if services are not initiated on that date. Services provided prior to the service authorization date are not reimbursable.

The cm/sc shall notify the provider immediately if services to a participant are to be terminated. However, the provider should refer to the language in the Community Long Term Care Services Provider Manual in section 1, General Information and Administration, regarding the provider's responsibility in checking the participant's Medicaid eligibility status.

The Provider must maintain an individual participant record which documents the following items:

- a. The Provider will initiate PERS on the date negotiated with the CM/SC and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Authorization.
- b. **For DDSN:** The Provider must document all contacts made to the participant. This documentation must include the nature of the contact, all actions taken and the outcome. Documentation of the contact must be filed in the participant's record within two (2) working days of the contact.
- c. **For CLTC:** The Provider must report through phoenix all contacts made to the participant indicating the nature of the contact, the action taken and the outcome within two (2) working days.
- d. The Provider will notify the CM/SC within two (2) working days of the following:
 - i. Participant is institutionalized, dies or moves out of the service area.
 - ii. Participant no longer wishes to receive PERS services.
 - iii. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
- e. All active participant records must contain at least two (2) years of documentation to include authorizations, documentation of PERS installation, monitoring records, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years. Records must contain **all** authorizations in the participant's active record.

E. Administrative Requirements

- 1. The Provider must inform CLTC of the Provider's organizational structure, including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.
- 2. The Provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of

responsibility down to the technical staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

3. Administrative and supervisory functions shall not be delegated to another organization.
4. The Provider shall acquire and maintain for the duration of the contract liability insurance as provided in Article IX, Section D of the Contract. The Provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.
5. The Provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body, personnel and will be made available to SCDHHS upon request.
6. The Provider agency shall ensure that key agency staff are accessible in person, by telephone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.

Effective July 1, 2011